

NEW YORK
STATE DEPARTMENT OF HEALTH
ALBANY

Pulmonary Tuberculosis Records

Collective investigation through Local Boards of Health for the purpose of securing a census and allied data of consumption in the State.

- | | | | |
|-----|----------------------|-----|-----|
| 1.* | Initials of the sick | Age | Sex |
|-----|----------------------|-----|-----|
2. Residence (town, village or city)
 3. Occupation
 4. Nationality
 5. Duration of the disease
 6. Source of infection
[Often some origin can be traced or inferred.]
 7. Family history of tuberculosis
 8. Are others of the household affected?
[Recently or at the present time]
 9. Sanitary surroundings
 10. Tenement house?
 11. Precautions to prevent spread
 12. Attending physician

Dated

(Signed)

Health Officer of

*[Additional data may be put on the back of this. The purpose of securing the initials is to obviate duplicate reports of a case, and may be omitted if this is guarded against. It is not proposed hereby to secure a registry of cases of consumption.]



